



# **Palliative Care: are we all speaking the same language?**

**Presented by  
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**Selma Ruth Schimmel**  
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**Palliative  
care...**

**...are we all  
speaking the  
same language?**



# Palliative care has an identity problem.

*(New England Journal of Medicine)*

## Some popular beliefs

*Palliative care only means you're dying.*

*Palliative care is part of a conspiracy of silence.*

## **Additionally...**

*70% of 800 adults surveyed in the US, said they were “not at all knowledgeable” about palliative care*

## **The World Health Organisation (WHO) definition explains that palliative care:**

***“...is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.”***

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## **Palliative care provides patients:**

***“...with relief from the symptoms, pain and stress of a serious illness – whatever the diagnosis...Palliative care is appropriate at any age and at any stage in a serious illness, and can be provided together with curative treatment.”***

# Yet...

The popular belief is often that palliative care is only associated with death and dying. While palliative care certainly plays a critically important role at the end of life, good palliative care is also very relevant to many earlier stages of a disease, often a considerable time before death is approaching.

**In addition, there seems to be confusion among healthcare professionals too.**

**“[Palliative care is] comfort care during one’s last few weeks of life to allow patients to pass in comfort and dignity.” \***

**“Palliative care is helping families to give them comfort and options for what to do at their loved one’s end of life.” \***

**\* US National Pain Report, National Pain Foundation**

# Early palliative care for the whole cancer journey...

**Medications to  
ease pain and  
for symptom  
control**

**Help to cope with  
fatigue**

**Psychological  
support to  
help cope  
with anxiety  
and  
depression**

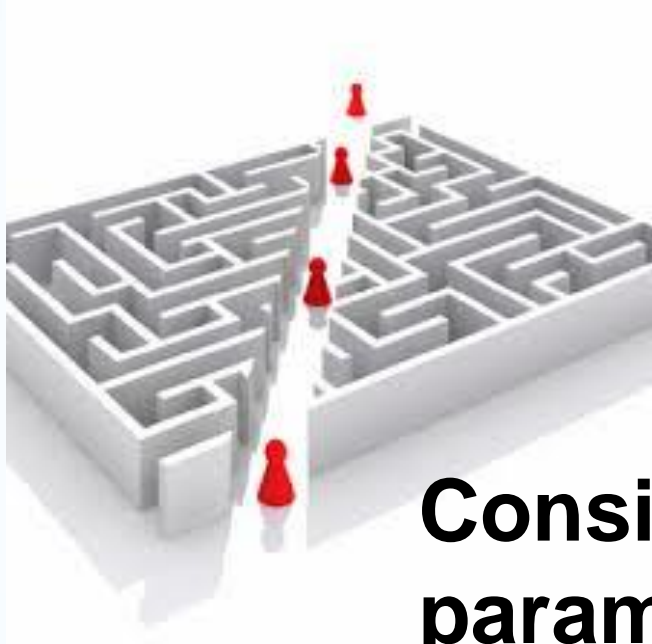
**Spiritual and  
existential  
counseling**



## **Neuro oncology and palliative care: a challenging interface**

Lin E, Rosenthal MA, Le BH, Eastman P, *Neuro-Oncology and Palliative Care: a Challenging Interface*, Neuro Oncol, Sep 2012 (Suppl4): iv3-iv7|DOI 10.1093/neuron/nos209

***“Palliative care teams bring complementary expertise in symptom management, communication skills and practical physical and psychosocial support, both within and outside the hospital environment... it follows that palliative care should and must become an integrated standard part of best practice neuro-oncologic care...”***



**Demistify...**

**Clarify...**

**Consistent communication is paramount!**

**An open and frank dialogue is needed with all stakeholders: patients, caregivers, families, healthcare providers, the media, general public, key opinion leaders and politicians.**



# Involve patient organisations in the process.



**First World Summit of Brain Tumour Patient Advocates  
Lafayette, California, November 2013**



**ESMO**

Designated Centers  
of Integrated  
Oncology and  
Palliative Care

- **The ESMO Designated Centres of Integrated Oncology and Palliative Care accreditation programme was initiated in 2003.**
- **Cancer centres can receive special recognition for achieving a high standard of integration of medical oncology and palliative care.**
- **Currently, there are 175 centres accredited in 37 countries**
- **Size of institution is not important – what really matters to be eligible for this scheme is the quality and extent of palliative care service integration.**

## ESMO Designated Centers – Geographical breakdown

Country	No. of centres	Country	No. of centres
Italy	39	Georgia	2
Germany	23	Singapore	2
Spain	15	Slovenia	2
The Netherlands	11	Turkey	2
Belgium	10	Argentina	1
United Kingdom	7	Brazil	1
France	7	Bulgaria	1
India	5	Colombia	1
Australia	4	Czech Rep.	1
Switzerland	4	Hungary	1
USA	4	Korea	1
Canada	4	Malaysia	1
Egypt	4	Norway	1
Hong Kong	3	Poland	1
Austria	3	Romania	1
Ireland	3	Russia	1
Israel	3	Sultanate Oman	1
Greece	2	Peru	1
Portugal	2	<b>Total</b>	<b>175</b>



## Programme objectives

- **Promote the integration of palliative care services into the existing national cancer care guidelines**
- **Encourage palliative care education and training for medical oncologists as well as other healthcare professionals**
- **Expand the cooperation between ESMO and other existing professional medical associations and organisations worldwide in supporting and sustaining palliative care development**





**The Oliver family with Colin (7 Aug 1979 – 27 Aug 2011)**

**Palliative  
Care...**

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# Thank you for listening



## References used for this presentation

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Some parts of this presentation were taken from Kathy Oliver's article entitled *Demystifying Palliative Care* for the European Association of Neuro Oncology (EANO) online magazine, Issue 3/2014. See <http://www.kup.at/kup/pdf/12441.pdf>